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II

106TH CONGRESS
1ST SESSION

S. 110

To amend title XIX of the Social Security Act to provide medical assistance for breast and cervical cancer-related treatment services to certain women screened and found to have breast or cervical cancer under a federally funded screening program.

IN THE SENATE OF THE UNITED STATES

JANUARY 19, 1999

Mr. SMITH of Oregon introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to provide medical assistance for breast and cervical cancer-related treatment services to certain women screened and found to have breast or cervical cancer under a federally funded screening program.

1 *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Breast and Cervical
5 Cancer Treatment Act of 1999".

1 SEC. 2. OPTIONAL MEDICAID COVERAGE OF CERTAIN
2 BREAST OR CERVICAL CANCER PATIENTS.

3 (a) COVERAGE AS OPTIONAL CATEGORICALLY
4 NEEDY GROUP.—Section 1902(a)(10)(A)(ii) of the Social
5 Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is
6 amended—

7 (1) in subclause (XIII), by striking “or” at the
8 end;

9 (2) in subclause (XIV), by adding “or” at the
10 end; and

11 (3) by adding at the end the following:

12 “(XV) who are described in sub-
13 section (aa)(1) (relating to certain
14 breast or cervical cancer patients);”.

15 (b) GROUP AND BENEFIT DESCRIBED.—Section
16 1902 of the Social Security Act (42 U.S.C. 1396a) is
17 amended by adding at the end the following:

18 “(aa)(1) Individuals described in this paragraph are
19 individuals who—

20 “(A) are not described in subsection
21 (a)(10)(A)(i);

22 “(B) have not attained age 65;

23 “(C) satisfy income and resource requirements
24 to be treated as a low-income woman for purposes
25 of being given priority under section 1504 of the
26 Public Health Service Act (42 U.S.C. 300n); and

1 “(D) are not otherwise covered under creditable
2 coverage, as defined in section 2701(e) of the Public
3 Health Service Act (45 U.S.C. 300gg(e)).

4 “(2) For purposes of this title, the term ‘breast or
5 cervical cancer-related treatment services’ means services
6 that are medically necessary or appropriate for the treat-
7 ment of breast or cervical cancer and complications arising
8 from such treatment and for which medical assistance is
9 made available under the State plan to individuals de-
10 scribed in subsection (a)(10)(A)(i).”.

11 (c) PRESUMPTIVE ELIGIBILITY.—

12 (1) IN GENERAL.—Title XIX of the Social Se-
13 curity Act (42 U.S.C. 1396 et seq.) is amended by
14 inserting after section 1920A the following:

15 "PRESUMPTIVE ELIGIBILITY FOR CERTAIN BREAST OR
16 CERVICAL CANCER PATIENTS

17. "SEC. 1920B. (a) STATE OPTION.—A

17 "SEC. 1920B. (a) STATE OPTION.—A State plan ap-
18 proved under section 1902 may provide for making medi-
19 cal assistance for breast or cervical cancer-related treat-
20 ment services available to an individual described in sec-
21 tion 1902(aa)(1) (relating to certain breast or cervical
22 cancer patients) during a presumptive eligibility period.

23 "(b) DEFINITIONS.—For purposes of this section:

24 “(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The
25 term ‘presumptive eligibility period’ means, with re-

1 spect to an individual described in subsection (a),
2 the period that—

3 “(A) begins with the date on which a
4 qualified entity determines, on the basis of pre-
5 liminary information, that the individual is de-
6 scribed in section 1902(aa)(1), and

7 “(B) ends with (and includes) the earlier
8 of—

9 “(i) the day on which a determination
10 is made with respect to the eligibility of
11 such individual for services under the State
12 plan, or

13 “(ii) in the case of such an individual
14 who does not file an application by the last
15 day of the month following the month dur-
16 ing which the entity makes the determina-
17 tion referred to in subparagraph (A), such
18 last day.

19 “(2) QUALIFIED ENTITY.—

20 “(A) IN GENERAL.—Subject to subpara-
21 graph (B), the term ‘qualified entity’ means
22 any entity that—

23 “(i) is eligible for payments under a
24 State plan approved under this title and

1 provides breast or cervical cancer-related
2 treatment services; and

3 “(ii) is determined by the State agency
4 to be capable of making determinations
5 of the type described in paragraph (1)(A).

6 “(B) REGULATIONS.—The Secretary may
7 issue regulations further limiting those entities
8 that may become qualified entities in order to
9 prevent fraud and abuse and for other reasons.

10 “(C) RULE OF CONSTRUCTION.—Nothing
11 in this paragraph shall be construed as preventing
12 a State from limiting the classes of entities
13 that may become qualified entities, consistent
14 with any limitations imposed under subparagraph
15 (B).

16 “(c) ADMINISTRATION.—

17 “(1) IN GENERAL.—The State agency shall provide
18 qualified entities with—

19 “(A) such forms as are necessary for an
20 application to be made by an individual described
21 in subsection (a) for medical assistance
22 under the State plan, and

23 “(B) information on how to assist such individuals
24 in completing and filing such forms.

1 “(2) NOTIFICATION REQUIREMENTS.—A qual-
2 fied entity that determines under subsection
3 (b)(1)(A) that an individual described in subsection
4 (a) is presumptively eligible for medical assistance
5 for breast or cervical cancer-related treatment serv-
6 ices under a State plan shall—

7 “(A) notify the State agency of the deter-
8 mination within 5 working days after the date
9 on which determination is made, and

10 “(B) inform such individual at the time
11 the determination is made that an application
12 for medical assistance under the State plan is
13 required to be made by not later than the last
14 day of the month following the month during
15 which the determination is made.

16 “(3) APPLICATION FOR MEDICAL ASSIST-
17 ANCE.—In the case of an individual described in
18 subsection (a) who is determined by a qualified en-
19 tity to be presumptively eligible for medical assist-
20 ance for breast or cervical cancer-related treatment
21 services under a State plan, the individual shall
22 apply for medical assistance under such plan by not
23 later than the last day of the month following the
24 month during which the determination is made.

1 "(d) PAYMENT.—Notwithstanding any other provi-
2 sion of this title, medical assistance for breast or cervical
3 cancer-related treatment services that—

4 "(1) are furnished to an individual described in
5 subsection (a)—

6 "(A) during a presumptive eligibility pe-
7 riod,

8 "(B) by a entity that is eligible for pay-
9 ments under the State plan; and

10 "(2) are included in the care and services cov-
11 ered by the State plan;

12 shall be treated as medical assistance provided by such
13 plan for purposes of section 1903(a)(5)(B).".

14 (2) PRESUMPTIVE ELIGIBILITY CONFORMING
15 AMENDMENTS.—

16 (A) Section 1902(a)(47) of the Social Se-
17 curity Act (42 U.S.C. 1396a(a)(47)) is amend-
18 ed by inserting before the semicolon at the end
19 the following: "and provide for making medical
20 assistance for breast or cervical cancer-related
21 treatment services available to individuals de-
22 scribed in subsection (a) of section 1920B dur-
23 ing a presumptive eligibility period in accord-
24 ance with such section".

(B) Section 1903(u)(1)(D)(v) of such Act
(42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

3 (i) by striking "or for" and inserting
4 "for"; and

5 (ii) by inserting before the period the
6 following: “, or for medical assistance for
7 breast or cervical cancer-related treatment
8 services provided to an individual described
9 in subsection (a) of section 1920B during
10 a presumptive eligibility period under such
11 section”.

12 (d) ENHANCED MATCH.—Section 1903(a)(5) of the
13 Social Security Act (42 U.S.C. 1396b(a)(5)) is amended—

14 (1) by striking "an" and inserting "(A) an";
15 (2) by adding "plus" after the semicolon; and
16 (3) by adding at the end the following:

17 "(B) an amount equal to 75 percent of the
18 sums expended during such quarter which are at-
19 tributable to the offering, arranging, and furnishing
20 (directly or on a contract basis) of breast or cervical
21 cancer-related treatment services; plus".

22 (e) LIMITATION ON BENEFITS.—Section 1902(a)(10)
23 of the Social Security Act (42 U.S.C. 1396a(a)(10)) is
24 amended in the matter following subparagraph (F)—

1 (1) by striking "and (XIII)" and inserting
2 "(XIII)"; and

3 (2) by inserting before the semicolon at the end
4 the following: “, and (XIV) the medical assistance
5 made available to an individual described in sub-
6 section (aa)(1) who is eligible for medical assistance
7 only because of subparagraph (A)(ii)(XV) shall be
8 limited to medical assistance for breast or cervical
9 cancer-related treatment services”.

10 (f) CONFORMING AMENDMENTS.—Section 1905(a) of
11 the Social Security Act (42 U.S.C. 1396d(a)) is amended
12 in the matter preceding paragraph (1)—

13 (1) in clause (x), by striking "or" at the end;
14 (2) in clause (xi), by adding "or" at the end;
15 and

16 (3) by inserting after clause (xi) the following:
17 " (xii) individuals described in section
18 1902(aa)(1),".

19 (g) EFFECTIVE DATE.—The amendments made by
20 this section apply to medical assistance furnished on or
21 after October 1, 2000, without regard to whether or not
22 final regulations to carry out such amendments have been
23 promulgated by such date.

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